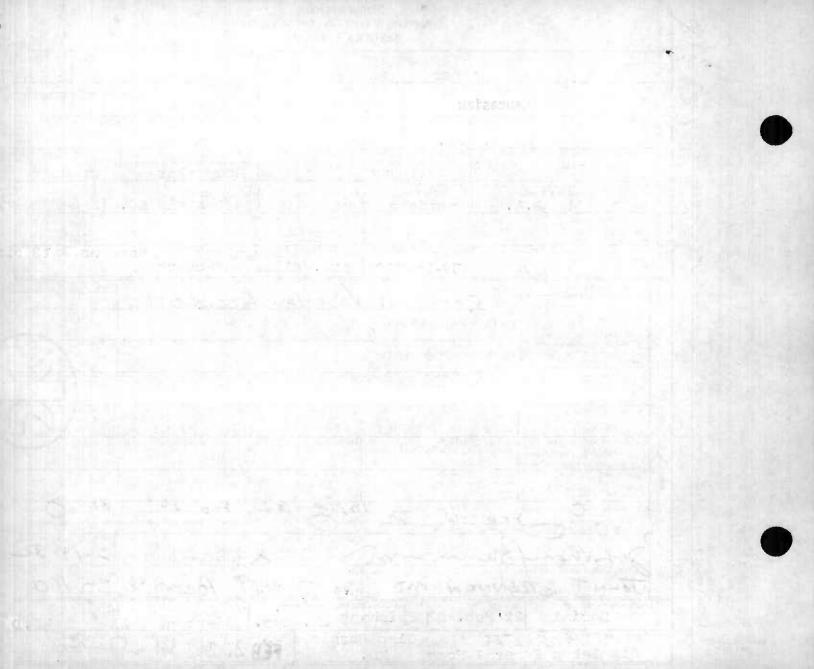
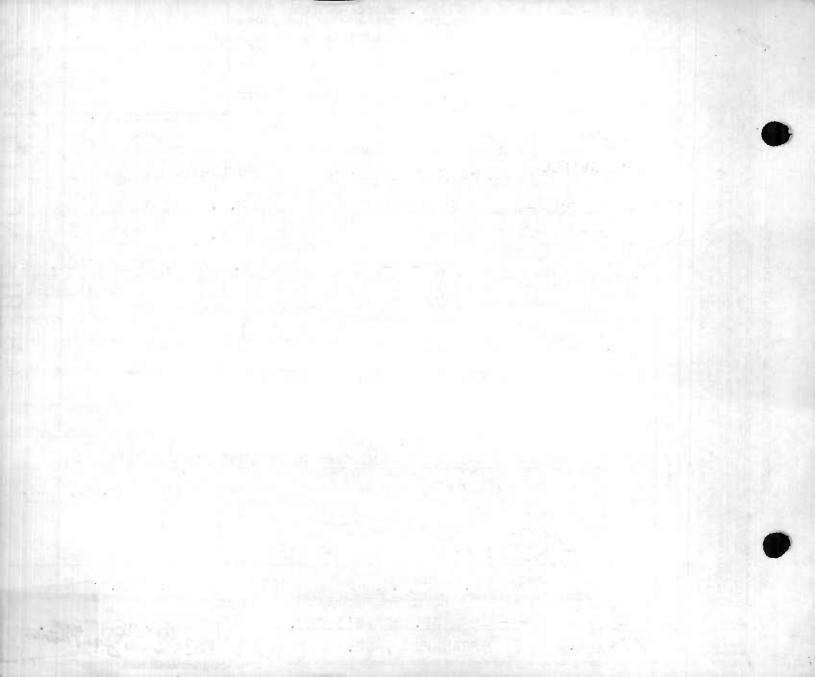
3	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 0 5 4 3 0
	I. DECEASED NAME FIRST	MIDDLÉ LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
Page 4 may be director, page 3 hours after death	Elle	n Hooper Bonnotte	February 18, 1982 9:05 p.m
4 may ur, pag fter de	3. SEX	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Page directs hours a	Female	White August 16, 1887	94 <sub>YRS.</sub>
th. P	O BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	
death.	Maryland  OCITY OR TOWN OF DEATH	U. S.A. WIDOWED DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	□ Worcester MD.
by the filled wi	Pocomoke City	Hartley Hall Nursing Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Homemaker  12b. KIND OF BUSINESS OR INDUSTRY  Own Home
cate be executed within 24 hours ysician and campletely filled in by apers. Pages 1 and 2 shauld be fill you.	84	COROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  DUNTY   13c. CITY OR TOWN   13d. INSIDE CITY LIMIT:  A.A.   Pasadena   YES   NO M.	
within within d 2 sho	14. FATHER'S NAME	15 MOTHER'S MAIDEN	NAME
comple view w	John	R Hooper Eliza	Stevenson
e execut n and ca Pages 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	CAVE WAR OR DAYES	Daughter)ADDRESS Evington,Virgini Len McEachern
requires that the death certifications 1s, as signed by the attending pt Then please remove carbonp rt burial, crematian, ar removinjury, or ather traumatic even	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
DIVISION OF VITAL RECORDS,  NG PHYSKCIAN: The law requir attending physicion.  Ther this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b the and Mental Hygiene prior to b arked ar fren 18 shows any injury	190. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
SICIAN: T ng physici certificate urial-transi tental Hygi		DEATH HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DING PHYS or attending After this or a steep bure of as the bure of the bure of the bure of the this or the bure of the this or the this o	OR CONTRIBUTING CAUSE OF  (JEETHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
R ATTENDIN Respital ar IRECTOR: Af her deruse of sept. of Health	220 I certify that (1) (this has saw the deceased alive above (1) (we) (did) (did)	non yew me body offer deom.	nian deoth accurred an the date and hour and fram the causes stated
by the ERAL DI e detach State De	22b. SIGNATURE	DEGREE ATTENDIN PHYSICIA PE OR (RINT) 726 ADDRESS	MEDICAL STAFF N DIRECTOR PHYSICIAN 2./9'82
O HO stained O FU with th		BRENNAN MO 305 Ten	that Beomoke City Md
BP	236. BURIAL, CREMATION, REMOV (SPECIFY) Burial	22'Feb. 82 Epiphany Ch. Co	em. Odenton, AA MD.
DHMH- 16 30M 2/80 (VRA 15, 4)	14 FUNERAL DIRECTOR Singleton	Funeral Home MD. 250.	DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE



bitter	FOR 1- STATE REGISTRAR	18a-22a Fi		3/12/82. rs DEPARTMENT ( DICAL EXAM	OF HEALT	H AND MI	ENTAL HY	100	Q REG. NO	5	4 3	1
2000	1. DECEASED NA (TYPE OR PRINT)		TER E	MIDDLE LLIS	[	VANS		20 DAT OF DEAT	E KNOWN ESTI-	MONTH 2	DAY YEAR 25 1982	2b. HOUR
A STATE OF THE STA	male male	4. RACE White	S. DATE OF BIRTH	1, 123 LAST BI	N YEARS IF U		IF UNDER 2	4 HRS. 2c. DA		MONTH	26 1982	2d HOUR
SA PRESIDENT	70. BIRTHPLACE FOREIGN COUNT DELA	WARE	76. CITIZEN OF W	HAT COUNTRY?		VED NEV	VER MARRIEI DIVORCEI		More city of Worcest			PM MD.
TO THE P		AMSVILLE	Waters	SPITAL, NURSING HI ACILITY, GIVE STREET ADDR S of Hidde	n Harl			12a USUAL OCC FOR MOST OF V POULTR	VORKING LIFE)	PE OF WORK	12b. KIND OF BU OR INDUST	JSINESS RY
AND 3 AND 3 PETAIN PHOUSE PETAIN PHOUSE PETAIN PHOUSE PETAIN PETAIN PHOUSE PETAIN PHOU	USUAL RESIDENA 130. STATE DELAWA	CE (IF IN NURSING HOME OF INTERPRETATION OFFICIAL OFFICIA	OR OTHER INSTITUTION, G ITY	136. CITY OR TOW SELBYVI	AISSION)	13d. INSIDE CI	ITY LIMITS?	R.D.		( 96	Α	
OEATH. IF	14. FATHER'S NA HERM	AN V	'ICTOR	EVÄNS		MÅ	ER'S MAIDEN ARY	I .	WIDDLE	EV A	ANS	
T., BALTIMORE, MD. 21201  JURS AFTER DEATH. IF ANN  18. GIVE PAGES 1, 2, AND  18. WITH FORM PM 3, RETA  VIT. PAGES 1 AND 2 SHOULD  E. DIVISION OF WITH RECO	(YES, NO, OR UNI	WW	WAR OR DATES)	221-12	-7474	17. INFORA		I. EV	ANS, S		VILLE,	DE.
DS, 201 W. PRESTON ST., ECUTED WITHIN 24 HOUR G" IN PENCIL IN ITEM 18. AL EXAMINER ALONG W SURIAL - TREMIT, AND MENTAL HYGIENE, ATION, OR REMOVAL.	PART I	OF DEATH (Enter on DEATH WAS CAUSE)  IMMEDIA:  tions, if ony, which rise to immediate (o) stating the undercouse last.  R SIGNIFICANT CONDITIONS	D BY: TE CAUSE (0) Dr ( DUE TO, OR  (b) DUE TO, OR  (c)	OWning  R AS A CONSEQUEN  R AS A CONSEQUEN	CE OF	DO CONDITION	N CIVEN IN DADI				APPROXIMAT BETWEEN ONSE	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG THE OF DINERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYTAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	190. DATE  210 EXTER  UNDERLYI CONTRIBL	OF OPERATION  NAL CAUSE WAS  NG OR CAUSE OF COURRED  NOT WHILE TO THE COURRED	21b. TIME O HOUR A.A DEATH ? P.A 21e PLACE STREET, FAC	FINJURY Est.  A. MONTH DAY  A. 2/25/15	PEAR 21C F 82 Dr:	OW INJURY	MED?	contenuature of	oadway	into		PNO D
MEDICAL EXAMINER: THE CUTE THE CERTIFICATE, VIGE 4 SHOULD BE FORW, FIRE DEATH, WITH THE STATE DEATH WITH STATE DEATH WITH THE STATE DEATH WITH STA	22a   c	ertify that I took charge ulted from: Natu RE	remouses [],	Accident Accident Guard, M.	Suicide	Hamic	stant	Undetermined MEDICALEX Penn St	manner .	DATE SIGNE	2/27/	
BP	230. BURIAL, CREA (SPECIFY) BURIAL 24 FUNERAL OII NAME		3-2-82	23c. NAME OF ST.GE RANKFORD	ORGE '	S CEM	1.	CLARKS CD BY REGIST 3 198	VILLE.	ISTRA	NIY S	I ATÉ



FOR

REGISTRAR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

HOURS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

21842

COUNTY

22c. DATE SIGNED

5:00Am

IF UNDER 24 HRS

Children Shirt Children Medital tenter of the second o John H. Griffin Mary E. Coffin EBorial 2/2/12 Evangen Competer for day Marie Ex Ma Burn D. Berney Berly VI

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	20		FOR STATE			DEPARTMENT O				0 3	-2	62
	5		REGISTRAR		ME	DICAL EXAMI	NER'S C	ERTIFICATE (	OF DEATH REC	3. NO.		
			CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNOW	N MONTH	H DAY YE	AR 2b. HOUR
	₩ o. v. S F.	LITP	E OR PRINT)		Melvin	Jo	seph	Hagan	OF ESTI- DEATH MATE	xx 2	15 19 8	22
	The Present of the Pr	3 SEX		4. RACE	S. DATE OF BIRTH	6 AGE (IN	VEARS IF LIN	DER I YR. IF UNDER		MONTH		EAR 2d. HOUR
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	A SOUTH A	70 BI	RTHPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	ED NEVER MARK	9. BALTIMORE CI	TY OR COU	NTY OF DEATH	1
	BALES 2	16		Ano	11.5.6	4.	WIDOW			ter Co	untv	140
	IS N	10. CI	TY OR TOWN		II. NAME OF HO	SPITAL, NURSING HO	ME, OR OTHE	ER INSTITUTION	120 USUAL OCCUPATION		1126 KIND OF	MD.
	AHAHA	) 1	Ocean C	itv	(IF NOT IN SUCH E	day Inn #1	02		FOR MOST OF WORKING LIFE		OR INDU	
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21201	¥ SENSO	13a. S	TATE	136 COUN		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	He STREET ADDRESS			
21	X 4 % 5 % 2	L	10.	BA	.TO.	WHITE H	IALL	YES NO W		STL	BERTS	1 RD.
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BALTIMORE,	E 7 5 8 5		S, NO, OR UNKNOW	(	WAR OR DATES)					-		
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ST.,	28.8 ¥ 1.0		18 CAUSE OF	DEATH (Enter on	ly one cause per line	e for (a), (b), and (c).)				LIALD	APPROXIM BETWEEN O	NATE INTERVAL
	A ENA		1/-		TE CAUSE (a)	rterioscle	rotic	cardiovas	cular disease			
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	JEE TO	13	19a DATE OF	OPERATION	196 CONDI	TION FOR WHICH OP	ERATION WA	AS PERFORMED?			20 AUTOP	SY?
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	WO BE	CERTIFICATION	21a EXTERNA	CAUSEWAS	216. TIME O	FINJURY	71c HC	W INTERY OCCUPPE	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR 8	YES X	X NO L
0	SHEPE 3		UNDERLYING		HOUR A.A	A. MONTH DAY YE	AR	THE SOUT OCCORN	ED (ELLEN HANDE OF HANDE BY HE	W TO PART TORY	mn ( e)	
<u>o</u>	PAR SON	Š		G CAUSE OF								
DIVISION	PEN SEP	MEDICAL	21d. INJURY O	NOT WHILE IT		OF INJURY (AT HOME,	2 If LOC	REET	CITY OR TOWN		OUNTY	STATE
۵	ARGANRI VATE 120	1	AT WORK	AT WORK					CATORIOWA		ZUNII	STATE
	RW RW ST, 2											
	A S S S E S		ZZa   certity	that I taok charg	e of the remains de	scribed abave, held an	Autops	y XX. Inspectio	n L., Inquiry L.,	and in my o	pinion	
	SER DES		death resulte	d from: Nam	mases XX	Accident, S	Suicide .	Homicide	Undetermined manner			
	A VIEW A			1147	-	`		TITLE (SPECIFY)				
	AHOAEM.	1	ACTUAL SIGNATURE	AHV.	111/11		M.	Assistan	MEDICAL EXAMINER	DATE	2/1	6/82
	SEA SEA	1		11	Julio	-v				3101		
	MON58		EXAMINER'S N	HO HO	řmez R. G	uard, M.D.		ADDRES 111 Per	nn Street, Bali	O.MD	21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE EXECUTE THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FULL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TOF FUNERAL DIRECTOR: AAGE 3 SHOULD BE VISED AS BURIAL—TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIAL RECORDS, 201 W. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23n Bi		ION, REMOVAL 2		23c, NAME OF C						
		LS	PECIFY)		1-19-199		LMETERT OR	CREMATORT	23d. LOCATION CITY OR TOWN	0	UNTY	STATE
0000	BP	24 51	INERAL DIRECT		2-14-146	SHOHKLA	1001	. [1] 3.	BALTO.	BUT.	10.1	0.
	DHMH - 17	A PL	NAME DIRECT	OK .	ADDRESS			and the second	REC'D. BY REGISTRAR 256	GISTRAR'S	SIGNATURE	The
	(VR A15 ME (5)) 15M 2/80	ZV	Ans CH	APELO	ECHIMES	23250	JORK	ROAD FE	B 22 1982 A	lance of	To sales in the	cod
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	1,	FOR	DEPAR!	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8 2	05435
	L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	O.
page 3		CEASED NAME FIRST	RY D.	HARRIS	20. DATE OF DEATH	2/19/87 26:15
ctor, po	3. SE	Emale	AMERICAN	5. DATE OF BIRTH MONTH DAY YEAR 12 - 25 - 99	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS N
TO SE	Je. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  ARY/AND	7b. CITIZEN OF WHAT COUNTRY	? 8: MARRIED NEVER MARRIED WIDOWED DIVORCED [	9. BALTIMORE CITY C	RCOUNTY OF DEATH
V Do	B	ERLIN	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS) 25/NG HOME	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	
talled in could be		AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS	HERRY LANK
Ond 2 ch	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
Poges 1		NAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)	URITY NO. 17 INSORMANT	N.H. ADDR	ERIUS MO.
s that the death certificated by the ottending please remove carbon iol, cremotion, ar the or other traumatic expressions.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	JENCE OF	VD	arrest
signe Then p to bur	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	PLOSESSION:	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1101
The law region.  the has been if permit.  it permit.  inows ony if	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200. AUTOPSY?  YES □ NO ■	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
PHYSICIAN: TI ending physici this certificate to buriol-transiti and Mental Hygi d or Hem 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
NDING PHYSICIAN I or attending physicians R. After this certifica use os the buriol-tra lealth and Mental H, is marked or them 18	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 216 LOCATION STREET	CITY OR TO	WN COUNTY STATE
prite prite prite for of h		sow the deceased alive an	oital) attended the deceased from,  n	, and that in (my) (our) opinion	, 10	ote and hour and from the causes stated
AL OR AT the hosp AL DIRECT detached f ate Dept. ate Tit. If Item Tit. If Item		178 SIGNATORE	Barnin	DEGREE ATTENDING PHYSICIAN		
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detached with the State Dept.		274 PHYSICIAN'S NAME (TIME)	BAINUM 1	NP 16 th +	- phila Ave	opan City Md. 218
BP	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 23c. 22 4-82 Ca	NAME OF CEMETERY OR CREMATOR	23d. LOCATION Sity or town	In Wat Mostate
OHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	ADDRESS ADDRESS	Aceria Ma 1500	ATEREC'D. BY REGISTRAR	15K REGISTRAN SHIGHNEY RE, U.

A COMPANY OF THE PARTY OF THE P PRANSON CONTRACTOR OF THE STATE Cores, a last of bounds, so control will state of a party The water of the second The BALLIER M. P. LETE WITH SOME TO T MAN TO SEE THE PROPERTY OF THE SECOND SECOND

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A	1		The second second	STATE OF MARYLAND		2 9
	11-	FOR STATE		OF HEALTH AND MENTA	0 4	0 5 4 5 /
X	1	REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATI	E OF DEATH REG.	NO.
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
7 S S	(	(BAr	ald Waline	Rahinson	OF ESTI- DEATH MATED	1 2-13 1982 5AM
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. STATE OF STREET,	3. SEX	4. RACE	S DATE OF BIRTH 6. AGI	IN YEARS IF UNDER 1 YR. IF UN	DER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR
IREC UR ST	1	12/0 W/hito		BIRTHDAY) MONTHS DAYS HOUR	PRONOUNCED DEAD	2-13 1982 6AM
ALD YOUNG	70 B	RTHPLACE (STATE OR	7-14-43 3 7b. CITIZEN OF WHAT COUNTRY?	YRS.	9. BALTIMORE CITY	OR COUNTY OF DEATH
S S S S	10	MICH COUNTRY)	110 5		ARRIED U	
A SE SE	W	est Virginia	USA		ORCED WOY	cesier MD.
THE SEE THE	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	12a. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
302	ی ا	now Hill /	18t. 2		Machinist	Bakery
A A IN	USU/	L RESIDENCE (IF IN NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		15? 13 STREET ADDRESS	
21201 IF ANY DE AND 3 TA SHOULD IN SECORD	M	aryland Anni	Arundel Pasa	dena YES P NO		perine Ave.
H. 2.2.3.2.2.2.2.2.3.3.4.1.	14. F	THER'S NAME		15. MOTHER'S M	AIDEN NAME	
	D	DONERIA	RAPIDOLE Rabines	70 70	MADDIE -	Runner
MORE, N FTER DEA FORM P FORM P ON OPV	Ióa. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b, SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	SS 11 11 Dheel
IN FEE	(Y	S, NO OPUNKNOWN) (IF YES, GIVE	WAR OR DATES)	Terrul	Pahincon 1815	Merrit Blug
BALTIMORE, M URS AFTER DE AT WITH FORM PA : PAGES 1 DIVISION OF WITH		NO			worksen 1321	APPROXIMATE INTERVAL
. 0 = = .	- 33	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (a			BETWEEN ONSET AND DEATH
W. PRESTON ST., D WITHIN 24 HOU ENCIL IN 1FEA 18 MINER ALONG "TRANSIT PERMIT. FATAL HYGIENE, REMOVAL.	1.3	OG A A IMMEDIA	TE CAUSE (0) SMOKE	INHALA TION		FEW MINS,
ZZ Y E F F	17	8102	DUE TO, OR AS A CONSEQUE	ENCE OF		
DI W. PREST  UTED WITHIN EXAMINES EXAMINES IAL-TRANSIT MENTAL HY OR REMOVA		Canditians, if any, which gave rise to immediate				
W. PRI		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	13	Tynig coose lost.	(c)			
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	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?	100000	20 AUTOPSY?
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> "0 8 = 2	ER	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED LENTER NATURE OF INJURY IN ITEM	
NO THE ATTACK		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR MONTH DAY	YEAR		,
SHOULD ART.	MEDICAL	214. INJURY OCCURRED	DEATH 4 P.M. Z 13	1982 TRAILE	REE	
DIVISION OF  BIVISION OF  ATE. WRITING THE W FORWARDED TO THE FORWARDED TO THE FORWARDED STATE DEPARTMENT  DO 1201 PRIOR TO BU	MEC	WHILE TO NOT WHILE IS	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
WRI WRI WARE AGE ATE		AT WORK AT WORK	FARM	15.2	, SNOW HIL	Wheester Ma
SI S		22a. I certify that I taak char	ge of the remains described above, held	dan Autopsy . Inspe	ection , Inquiry ,	and in my opinion
A AND HELD A	5	death resulted from: Natu	ral causes , Accident ,	Svicide . Hamicide	Undetermined manner	
EXAMILE BE DIRECT WITH WITH ARRITAN	0			TITLE (SPECIF)		
CAL EXAM THE CERTIT THE CERTIT SHOULD E RAL DIREC RAL, WITH RE, MARKI,	100	ACTUAL SIGNATURE	C. Thehand	No Denier		DATE SIGNED 2-19- 87
SHO SHO		SIGNATURE DALL	- Indiana	M.U	MEDICAL EXAMINER	SIGNED 2-19- 82
W C V V V V V V V V V V V V V V V V V V		EXAMINER'S NAME DOZE	THY C. HOLZWO	274 400000 200	The same &	Since May KAN
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE SHETER DEATH, WITH HE STATE BAITMORE, MARYLAND 21201 P	22n D	URIAL, CREMATION, REMOVAL		DF CEMETERY OR CREMATORY	1334 LOCATION	MOW THEY IND!
	138.0	Burial	16 Feb. 82 Gle	n Haven Mem P	k. Glen Burni	and A.W. Old.
BP	_	JNERAL DIRECTOR	10 100 of die			( \/ /
DHMH - 17 (VR A15 ME (5))		NAME	ADDRESS	250, 07	B 16 1982	D
15M7/77		ames S. Kirk	ley Glen Burn	ie Md	D 10 100	

the roll of the same and the same with the same Male Winter 9-12-43 198 1 Sugar Mill The 22 Machinest Branes Merchant mechanile Padens & Test Campana Daress 3 Robbello Lews I Mines 12 Terest The Market Parket The State of the the state of the s white it there is not the same of the same AND THE STATE OF T Aurina - 6 Pob. 82 91ch Havon Man IX. Glad Burnia . ... 

11	1		STATE OF MARYLAND		0
5	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE S & REG. NO	0 5 4 3 0
y be oge 3 death		DECEASED NAME BIRST	Smith	Fe	b. 7, 1982 15. HOUR
age 4 mo	L	Male	race Vegro S Date of Birth DAY 26,1929	AGE (IN YEARS LAST BIRTI	YRS.
funeral at thin 72 to	3	COUNTRY)	MARRIED ( NEVER MARRIED   WIDOWED   DIVORCED	Woi	rcounty of peath rcester MD.
by the filed will motifie	01	ocomoke	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	
in 24 hou y filled in should be er must be	1	I'a Iwon	OTHER INSTITUTION, GIVE BESIDENCE BEFORE ADMISSION)  13 OTT OR TOWN  134 INSIDE CITY LIMITS?  PESER FOCOMOKE YES NO   NO	13 TREET ADDRESS	14 St.
ompletel and 2 s	21	Deniamin	Smith Flora	MIDDLE	Palmer
on and c	16	WAS DECEASED EVER IN U.S. ARA (YES, NOTOR INKNOWN) (IF YES, GIVE	MAED FORCES? 146 SOCIAL SECURITY NO. 117 INFORMANT 231-32-7748 May E. S	mith P	ocomoke, Md.
ertificate ng physici bonpoper remavol		PART I. DEATH WAS CAUSED	y one couse per line for 10,716°, and it is a series of the line for 10,716°, and	Cama	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e cordin or, or		1627	DUE TO, OR AS A CONSEQUENCE OF	7	
by the att ase remay il, cremation	1	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		
in signed Then ple	3		ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
he law r	7	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
(CJAN: Ti g physici ertificate rial-fransi ental Hygi tem 18 sh	20	OR COLUMN COLUMN COLUMN	THE PARTY OF THE P	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ottendin iter this o is the burn h and Me	1	71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	IN COUNTY STATE
Spital or Spital or CTOR: Al I for use of of Health		sow the deceased alive an above (1) (e) (did not	FW 2 19 M and that in (my) (my) opinion d	eath accurred on the do	te and hour and from the causes stated
TAL  yy the ho  RAL DIRE  detoched  tote Dept.  NT: If hem		THE SIGNAL PROPERTY OF THE PARTY OF THE PART		MEDICAL STAP	FIAN 2210/62
O HOSPITA etoined by TO FUNERA should be de with the Stot IMPORTANT		TOSE THAME (TYPE OR	, CRASSO		
BP	L	B. BURIAL, CREMATION, REMOVAL	2-13-82 St. James Cem.	23d OCATION CUP OR TOWN	
DHMH-16 20M (VRA 15, 4) 7/78		FUNERAL BIRECTOR	New Church, Val BATE	L 9 1982	256. REGISTRAR'S SAC SALTURE
2.7					

